

Formative Acupuncture

Isobel Cosgrove & Tim Davis

Abstract

The article shows how the Formative method can be used in an acupuncture treatment, or series of treatments, in 2 ways. First, by providing a context in which the session is carried out, and second by the introduction of Formative exercises into the treatment protocol. This does not replace established and effective Chinese medical methodology. It adds a new dimension, challenges the traditional belief that herbs and acupuncture re-balance, and re-establish what was present before illness occurred. Formative Psychology introduces the possibility that something new is forming. Our case study shows layers of firmness being introduced to a porous structure and pulse. It would also be possible to show how to support a rigid, dense or motile pulse with further case studies.

Keywords

Case Study – Chinese Medicine – Energy – Porosity

This article describes the process of our beginning to work formatively both in our own lives and as Chinese medical practitioners with clients.

In 1999, we worked for the first time with Stanley Keleman at the European Summer Institute in Holland. We were struck by the deep connection we had with ourselves during the workshop and afterwards when working with the Formative exercises.

For us Formative work has at its core the basic biological organizing principles of life. This gives it a vibrancy and integrity that is inescapable. Growing a connection with the work over the last few years has animated our lives. We wondered how this would affect our work as acupuncturists?

Being present with ourselves, what is formed and what is forming offers a field of stability and aliveness to the client that shapes the therapeutic encounter. In this way a Formative dimension is added to the treatment process.

Chinese Medicine is often seen as a way to rebalance the patient's energy, and as a return to health. While it should not be diminished, this perspective lacks the possibility that something new is forming—a new shape, a new structure, a new way of experiencing.

To incorporate this possibility, we have adjusted our clinical gaze. By clinical gaze, we mean “the conceptual structures which constitute the frame of reference within which all questions are asked and all answers offered.”¹

This paper looks at how, by introducing the Formative method into the treatment process, the patient can become aware of how they are present, how they can participate, and how they can support their own healing. Not all acupuncture clients will wish or be able to actively engage in a Formative dialogue. For example, if they are suffering from migraine they may avoid cheese or chocolate but be unwilling to disorganize a rigid body structure. Sometimes, we have to accept that holding a Formative clinical gaze is all we can bring to a traditional acupuncture session. At other times the patient will actively engage with the Formative method and take another step.

To our Chinese medical protocol we have added what we are calling “Formative questions.”² These are:

- Where is the client in their adult development?
- Where in the continuum of under-formed to over-formed?
- What is their constitutional type (endomorph, mesomorph, ectomorph)?
- What is ending, what is in transition and what is trying to collect in their lives?
- How can the treatment support them?

These questions arise from a Formative orientation and the answers shape our responses to the client. The following case study gives a practical illustration of how we are using what we have learned and are learning. It shows how we have used Western medical diagnosis, Chinese medical diagnosis, and finally a Formative diagnosis to give the client's treatment process a new context.

Case Study

H. is a young woman, 16 years old, living in Wales, attending school and she is in the middle of final exams.

She was presented with difficulty sleeping, very low energy levels following a series of lung infections, which were treated recurrently with antibiotics. She asked for help to clear her symptoms, to sleep longer and to have more energy for her exams.

Western Medical Diagnosis

1. Severe dyslexia
2. Chronic fatigue/post viral syndrome

¹ See Ted Kapchuk, in “The Culture History and Discourse of Chinese Medicine,” *Journal of Chinese Medicine*. 24 May 1987.

² From notes on Supervision Group with Stanley Keleman at the Spectrum Centre for Psychotherapy in London.

3. Weakened immune function
4. Insomnia
5. Recurrent hives, sore throats and fevers.

Chinese Medical Diagnosis

1. Damp and heat (inflamed throat, lungs and skin; aching muscles and joints).
2. Weak and deficient underlying Qi (energy). Her pulse is soft, spilling over its boundaries, rolling without force. It lacks vitality, reflecting a deficient energy. It is called a “soggy” pulse reflecting damp and excess fluidity.
3. Heat in the heart; red points on the tip of her tongue, indicating mental and emotional agitation.

Formative Diagnosis

1. H. is an endomorph.
2. As with her pulse (described above under Chinese medical diagnosis) H. is under-formed, porous and diffused. She is tall, with rounded torso and limbs, lacking in muscle tone, with slow movements.
3. In the treatment room she moves from being vague and lifeless, lacking in concentration and vitality to short bursts of animated, even agitated, conversation and activity. Then she returns to being vague and lacking in vitality.

Chinese Medical Protocol

H.’s treatment has concentrated on clearing the damp, heat and agitation from her energy channels. At this stage it is useful to make a brief statement about the anatomy of Qi (energy, vital life force) in the channels.

The energy flows along channels, feeding vitality to the organs, tissue, muscle, tendons and bones. In H.’s case the treatment was first to treat damp, heat and emotional agitation with herbs to dry and cool, and to use acupuncture points on the spleen and heart channels to clear heat and stickiness impeding the flow of Qi. After this first stage we also had to address the underlying energetic deficiency leading to her fatigue, using tonic herbs and acupuncture points to fill and restore energetic reserves.

Within this Chinese medical model there is an expectation that patients participate in their own treatment process. They will follow seasonal changes in lifestyle, practice Tai Chi & Chi Gong exercises and alter their diet.

“The three months of Autumn are the time of harvest. The energy of Heaven begins to blow swiftly and the energy of Earth begins to change colour (sic). One should go to bed early and rise early: Maintain a peaceful mind in order to mitigate the decaying effects of Autumn; and restrain one’s desires outwardly in order to preserve the energy of the Lungs. The Qi of Autumn controls nourishing and receiving. If one does not follow these rules in the Autumn, one will fall ill in the Winter.”³

In Western medicine the predominant paradigm encourages patients to be passive. They come to Chinese medical treatments with beliefs affected by their experiences of and relationship with Western doctors. Twenty years ago, and even ten years ago, there was a large gap between our belief system as practitioners of Traditional Acupuncture and most patients’ beliefs. Recently there has been more information available about how Chinese Medicine works and so the gap is narrowing. More people are now willing to engage in and take joint responsibility for the treatment process. For example, a patient suffering from migraine will see a connection between their condition and diet and be willing to avoid cheese and chocolate.

The Treatment Process

Stage 1

During the first 2 months of treatment with acupuncture weekly and herbs daily, H. had intermittent improvement in her symptoms; less throat inflammation and skin hives, more energy and sleep, and a better immune function (less colds & fevers). These improvements would hold for a few days and then fade; our problem was that after a treatment she would feel much better and then later would re-inflate and collapse.

This is understandable within a Formative diagnosis of porosity. In other words, she was unable to contain the energy generated in the acupuncture treatment. Her energy would swell but then would diffuse with no structure to hold it. The way forward for H. was to form a firmer structure that would contain the diffusion.

³ From Giovanni Maciocia, in the *Three Treasures Newsletter*, Autumn 2002.

Stage 2

We noticed that H. was having difficulty giving herself recovery time. Being dyslexic means she has to work harder to keep up. Home is next to school; friends visit before and after a school day and at lunch time. Her identity is bound up with intense social contact. With an under-formed structure, inflammation and surface agitation recur, especially when she is overstimulated; exhaustion follows with insufficient recovery time.

In a family meeting, we requested more regulation in H.'s life to support our treatments; regular clinic visits, even if unwell; more downtime after school; regular meals, etc. In this way we were introducing the idea of more structure in H.'s life to the whole family unit.

With greater regulation, H.'s improvement steadied and held longer during her school term. In the holiday her routine faltered, and with less regulation externally (school days, family rules) her inflammation returned. We had introduced the idea of more structure into H's family life. However, we had not yet introduced an experience of her forming a firmer structure in herself. At this point, we took her case to a Formative Supervision Day.

Stage 3

The central question we took to supervision was "how can we intervene to create more form and structure, so that she can contain her impulses and responses. At the point of contact, the treatment room, how can we as practitioners contact the client to influence the forming of more structure?" Stanley suggested we introduce a Formative exercise protocol that H. could do before, during, and after treatment.

Formative Exercise

Instead of lying flat on the treatment couch while the needles were in the energy channels and points, H. would sit up, forming fists with both hands. She would then create more muscle tone by doing Step 2, "Doing It More." The needles would then be inserted while she did the exercise. This would introduce a layer of firmness into her porous structure while the needles stayed in. When there is little tonus in the muscles, there is porosity in the physiological structure. However, we now think that there is also porosity in the anatomical structure of the acupuncture channels through which H.'s energy flows. Her energy diffuses in the channels and lacks containment, like a river overflowing its banks. With a firmed muscle tone, in Step 2, the energy is more bounded in the channels. In this way, the exercise introduces to H. the *experience* of firmness, structure and containment during her treatments.

It provides an experiential template for H. that will orientate her towards forming firmer layers within her porous structure and endomorphic form.

After removing the needles to clear damp and heat, reservoir points were tonified to address the issue of energetic deficiency, while H. again repeated the exercise, making more muscle tone. This gave structure to contain and sustain the impact of her treatment; to stabilize and regulate the flow in the channels rather than increasing the flow and seeing it diffuse into more inflammation.

When doing the Formative exercise, I discussed with H. the function of this intervention: that we were introducing an experience of firmness and participation—first in the treatment room, and next into daily life—as a basis for her supporting herself. She practiced the exercise at home and during subsequent treatments and talked of the impact it had on her timetable leading up to exams.

I noticed a change in the quality of contact with her at this stage: She was less vague, and more focused with more vitality and sense of direction.

Since introducing the exercise, H. has sustained progress over the last two months of treatment with a steadier and improved level of health. The cycle of inflammation and collapse is ending. The acupuncture treatments seemed unable to sustain a steady progress towards more stability and fuller energetic reserves.

The client, a relatively unformed adolescent girl, began to form a layer of firmness in her previously predominantly porous structure. By repeating the Formative exercise introduced into the acupuncture treatments H. was forming a different shape in herself and her life.

She began to take responsibility for taking her own herbs, coming to treatments and maintaining more stability and regularity—in other words she is beginning to grow an adult form. In the past few weeks her grandfather was ill, and her parents were away from home. H. rang to cancel a treatment as she had no-one to drive her. I suggested she find a bus or taxi and she agreed, came to the treatment and thanked me for my suggestion. She said she needed to come, and that she recognized in herself the need for the structure and regularity that gives more duration and stability to her health recovery.

We felt she was beginning to recognize and support what is growing in her—more firmness, more resolve, more intention—more form. More firmness generated a feeling in her of independence and self-esteem.

References

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Biographies

Isobel Cosgrove taught Human Ecology at Oxford University from 1968 to 1980. She then studied Tibetan and Chinese Medicine and has practiced and taught them for the past 25 years. In the 1990's, Isobel studied Humanistic Psychology at Spectrum Centre for Psychotherapy in London, where she met Stanley Keleman and began to work with Formative Psychology. She now integrates them into her work with clients and when training other acupuncture practitioners.

Tim Davis has practiced and taught Chinese medicine since 1988. He has also been attending Formative Psychology seminars in Europe and London with Stanley Keleman since 2000. He now lives and works in South Wales, integrating Formative Psychology and Chinese Medicine. Email: info@acuherbsouthwales.com